V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

1. PLACE OF DEATH	
County Jules Clusse	Registration Dist. No. 257
Village or City Descustaem	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (ludirsus	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	19to
6. DATE OF BIRTH (month, day, and year) 2-10-33	I last saw h elive on, 19; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Jan
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	All fru
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	- Jank
year) occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Lucyurlayurg	Other Country Causes of Hippotonice,
(State or country) mary Cour	
13. NAME Valple Welson 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JULIA CHUNISTON 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(Clate of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAMPS OF THE CONTROL O	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wallstugn Date F 10, 19	Nature of injury
19. UNDERTAKER POSSIBLE WESSER	24. Was disease or injury In any way related to occupation of deceased?
(Address) Shullustaur	If so, specify
20. FILED 2-10 1933 Felen M. aldridge	(Signed) Mellel force M.O.
Registrati	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

39	

STATE OF MARYLAND-CERTIFICATE OF DEATH

01935

1. PLACE OF DEATH	(93-0)
County aneen anne	Registration Dist. No. 2 5 2
Village or City Centrevell	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	
2. FULL NAME Welliam + letcher (enthony
(a) D-aid N-	St., Ward.
(2) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whele Whele Starres	21. DATE OF DEATH / 4 , 193.3 , (Year)
5a. If married, widowed or divorced HUSBAND of (or) WHFE of Keeler C. Karrianura	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quely 1-1859	Hast saw hor alive on Date . 14 19 3 3 Heath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
73 1 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/3 /4 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Mu coule cents.
SAWYER, BOOKKEEPER, etc.	Ewgg?
work was done, as SILK MILL,	Quanton not assent
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
11. Total time (years) this occupation (month and year) year)	
0 1 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Imphique
13. NAME 14. BIRTHPLACE (city or own) 14. Control or country 15. Control or country 16. Control or country 17. Control or country 18. District or country 19. Control or con	
14. BIRTHPLACE (city or nown)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mancy Confer	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
N 11+11/1+1	(Specify city or town, county and State)
17 INFORMANT The Man Thelshir Centhony	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Clutrancle Ma	_
18. BURIAL, CREMATION, OR REMOVAL Place Centremete Date 7 1/4 1933	Manner of injury
Bata Bud	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	
(Address) Centerelle The	If so, specify the transfer is
20. FILED FRAL 16 , 1933 / James & Borght.	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	WVE 3 1033	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	HORAIGOS	3 days ago
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 01937
County Those acres	Registration Dist. No. 2 5 3
1-11.	
Village or City & the energy the	No. St., Ward Of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Neury 1 Dail	ey.
(a) Residence: No.	£t., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
or DIVORCED (write the word)	21. DATE OF DEATH THE STATE OF THE STAT
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended descessed from
must bally	- 10 2 1933 July 4,1933
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19, 19; death is said
7. AGE Years Months Deys If LESS then 1 day,	to have occurred on the date steted above, at
O or min.	were as follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEPFR, etc.	Ladra Dage
9. Industry or business in which	- Loudy January
work was done, es SILK MILL, SAW MILL, BANK, etc	
- 1 Spent in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WELLOW	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME A6. BIRTHPLACE (city/or town) (Stete or country)	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
17. INFORMANT COULDS Conception (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Kinkes Rance Date 4140, 0, 1933	Natura of injury
19 UNDERTAKER Houst a Legan	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Elevensville Tima	If so, specify A
20. FILED El 4 1933 F. C. Dhomas	(Signed) M. D. M. D.
Registrar.	(Address) Dterreusville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, WIT

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	133
County Men dering	Registration Dist. No. 🛇 🗸
Village or City Deveus Mile	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME	Bailey
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE of	22. LIEREBY CERTIFY (leg Attended deceased from
6. DATE OF BIRTH (month, day, and year) face 14 1933	Hast saw h. 444 glive on 2014 Hatter 14 10 33 Heath is said
7. AGE Years Months Days II LE6S than I day,hrs. ormin.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Date of onset
11. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME ROLLING TORULO	
13. NAME TOLORUS TORRESTER 14. BIRTHPLACE (city or town) (State or country)	Name ol operation
15. MAIDEN NAME alie Mosau	23. If deeth wes due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME CLIC MOSAU 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17 INFORMANT Roland Takiley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Place Steven Lite Date 2 6 12, 1933.	Manner of injury
19. UNDERTAKER C. TROMAS (Address) Levensorks	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DE 1/, 19 35 7. C. Thorn as	(Signed) M. D (Address) Messel Wes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2e. TMSIL.	Cestisicate	for proper	date of	from	
		1 1 1	10 /		
	- V	<i>U V</i>	-2(()		

PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WIT

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Luce Clause	Registration Dist. No. 252
Village or City Centrevice	No. St. Ward
(If Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FULL NAME Margan & K. Braw	2
a role want / so special from the second sec	~
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed_or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Julye E. Il Brawn	22. Y I HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, end year) afr 21-1850	I last saw hard, elive on 31. 13 , 1933; death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at\Cm.
82, 9 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, prolession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.	Crub Dilater of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month end	the heave
10. Oate deceased last worked et this occupetion (month end yeer)	
12. BIRTHPLACE (city or town)	Other Cuntributory Causes of Importence:
(Stete or country)	Julia Seturasar
13. NAME DV. / Palter S. Surpine	
13. NAME DN / Palter S. Surpice	Neme of operation
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Elizabech G. Neall	23. If deeth was due to external causes (VtOLENCE) filt in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
THENFORMANT MO E 3/ Braw In	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Cutogoulle pate July 18, 1933	Manner of injury
19. UNDERTAKER / Darfor / Dao /	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILEO LEV. 16, 1933 Manie & Bright.	(Signed) M. D. M. D.
hoeal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		CEVINO DA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	
County Queen aune	Registration Dist. No. 252
Village or City Centrevice	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mallie Wilkenison	Busteel
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyrie the word) Nacrus	21. DATE OF DEATH 2 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chap. a leed	22 I HEREBY CERTIFY. That I attended deceased from
and the court of t	Jan. 5 1933, 10 ONO. F 1933
6. DATE OF BIRTH (month, day, and year) New 25-1855	light saw h_17 alive on 33. death is sald
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated abova, at
2 /4 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Mu-oral
9. Industry or business in which	n ti t
work was dona, as SILK MILL, Ask MILL, SAW MILL, BANK, etc.	Sweating not guene
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1
(State or country)	,
13. NAME CAPT, Jake / Felkewarn 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E TO THE TOTAL T	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
ola AB. food	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. INFORMANT (Addrass) Contrevelle 721	Specify whether injury occurred in introduct, in nome, or in Podelo PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cuttioned Date Tuty 11, 1933	Nature of injury
19. UNDERTAKER / Parton/Bras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Quetreville md.	If so, spacify
20. FILED Fab 11 1933 TTTamia & Bright	(Signad) A. M. D.
Local Registrar.	(Address) Control of the control of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritovitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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UNFADING INK—THIS IS A PERMANENT RE—JRD. Every item of info supplied. AGE should be stated EXACTLY. PHYSICIANS should statin terms, so that it may be properly classified. Exact statement of OCCUP/See instructions on back of certificate.	5a. If marriad, w HUSBAND (or) WIFE (
SRN SX cla	6. DATE OF BIR
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ma CA TIC	19. UNDERTAKE
B.	(Address
N. B.—WRITE PLAINLY, WIT mation should be carefully CAUSE OF DEATH in pla TION is very important.	20, FILED THE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	01940
1. PLACE OF DEATH	(133)	-9
County Affective Cours	Registration Dist. No. 25	×
Village or tily fillen and	NDSt., (If death occurred in a horpital or institution, give its NAME instead of street ar	Ward
	nosds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Sessie Louis	De Ford	
(a) Residence: No.	St.,Ward.	
(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of Race OR DIVORCED (write the word)	21. DATE OF DEATH Thrusy (Month) (Day)	193 3 (Yaar)
5a. If marriad, widowed or divorced		100
(or) WIFE of Joleen . No Stark	22. I HEREBY CERTIFY, That I attend Dec 23, 1932, to 7 st. 10	ed deceased from
6. DATE OF BIRTH (month, day, and year) apr. 1st 186	I last saw h. La alive on Feb. 9 193:	3 ; death is said
7. AGE Years Months Days If LESS than.		
68 9 10 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8 Trade profession or particular		Date of onset
kind of work done, as SPINNE time for post ten y	isto l'yelo neflisitio	Dec -3-193
9. Industry or business In which work was done, as SILK MILL		
kind of work done, as SPINNER; the far post ten yet SAWYER, BOOKKEEPER, etc. I So men occupation. House SAW MILL, BANK, etc. I So men occupation. House this occupation (month and		
O this occupation (month and spant in this occupation yaar)		
Has a	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	About the artest.	1921
13, NAME MILE LEGA	- wyme ammis	
E	Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIOEN NAME	23, If death was due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury	100
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 17
O.S. De Fan	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	otate)
17. INFORMANT JOUR PROFILE OF ALLE	open, mans may seemed in the country in nome, or my obelo	TENOL.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	***************************************
Place tells to ro Date febri 19	Nature of Injury	
10 HAIDEDTAVED O / MILANDA	24. Was disease or injury in any way related to occupation of decaased?	no
19. UNDERTAKER (Address) Wentaw	If so, specify	
20. FILED Flet 11 1933 Tourin S. Brigh	(Signed) (9 Naul Pustlo	M. D.
20. FILED IRA / 1. 1933 / Canum S. Grafte Foral Registrar.	(Address) Deuton mf	,
If more blanks are needed, address State Registry	at 2455 N Charles Street Baltimore Requesting 4) S No. 5	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

(3)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	rery	ANS	ent	
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0. 1	IM-	mat	CAI	TION is very important. See instructions on back of certificate.
v. 5. No. 1	. B.		-	-
>	Z	-		

B	S	TATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	01941
	1. PLACE OF DEA	тн			(131)	-
	County Asset	en	much		Registration Dist. No. 2	50
	Village or City	Wille	ugtor	L,	No. St.	Ward
	Length of residence in c	ity or town where	e death occurred		f death occurred in a hospital or institution, give its NAME instead of street an s	
:	2. FULL NAME	Leon	re 6.	Dix		
	(a) Residence: No.	1			St., Ward.	
-	DEDCONAL AL	ID CTATIC	(Usual place		If nonresident give city or town a	
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	M	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D. (auxilia the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a.	HUSBAND of (or) WIFE of	inced to	Dex	ore	22. I HEREBY CERTIFY, That I attended	ed deceased from
6.	DATE OF BIRTH (month, da	y, and year)	an31-	1859		death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et	,
	74		2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I no control
N	8. Trade, profession, or p. kind of work done,	as SPINNER	F		Mr. Industral Withinter	Date of onset
OCCUPATION	SAWYER, BOOKKEE	EPER, etc	Juni		Myriadi	1930
UP.	Work was done, as SAW MILL, BANK,	SILK MILL,				
000	10. Date deceased last worth this occupation (moyear)	enth and	s > spei	me (years) It in this 60		
12.	BIRTHPLACE (city or town)	0	0	0	Other Contributory Causes of importance:	1. days
_	(State or country)	que	laura		Joseph Joseph	7.29
HER	13. NAME June	WC:	dixo	~~		
FATHER	14. BIRTHPLACE (city or to	own)	· · · · · ·		Name of operation Date of	
-	(State or country)	20 0	it vi		What test confirmed diagnosis? Was there are	autopsy?
MOTHER	15. MAIDEN NAME	Cizatel	a Bea	rel	23. If death was due to external causes (VIOLENCE) fill in also the followi	ng:
MOI	16. BIRTHPLACE (city or to (State or country)	wn)	1/2 fan		Accident, suicide, or homicide? Date of injury	, 19
	(State of country)	, 9			Where did injury occur? (Specify city or town, county and St	ate)
17.	(Address)	me	Pull to	n Dil	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC F	LACE.
18.	BURIAL CREMATION, OR F	REMOVAL	1 8		Manner of Injury	
	PlaceMellingh	nen	Date an	0 /4,1933	Nature of injury	
19.	UNDERTAKER (Address)	W. V.	this 12	Lungel	24. Was disease or injury in any way related to occupation of deceased?	
20	FUED FEL 5	1025	Sand C	D Kent	(Signed) Munita Brice	M. D
20.	FILED. D. T.	1	deft to	Registrar.	(Address) Mullington	Les.
		Il more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 2 1993			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
T T TE T			

ADDITIONAL SPACE FOR FURTHER STATEMEN	2 RI	PHYSICIAN
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N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-0)
County Lugen Unne	Registration Dist. No. 252
Village or City (entrevelle	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rolt William Co.	A 1
(a) Residence: No.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (OI) WHFE OF Annie Wright	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 14+1865	I las sew harm alive on 2 %. 11 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 550m.
66 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
2 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc. 10. Date deceased last worked at this occupation of the same than the same	acute neferration Duration: not given,
10. Date deceased last worked at this occupation (month and year) 3 3 11. Total time (years) spent in this occupation 4.4	
12. BIRTHPLACE (city or town) Shippene Surg	Other Contributory Causes of Importance:
	Duration: not given.
13. NAME John M. Codding 14. BIRTHPLACE (city or town) Part Pepullie	Name of operation Date of
(Siete of Country) (The Period of the Other	was there en aulopsy? Was there en aulopsy?
15. MAIDEN NAME devery College both free	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Compared to the fee of the f	Accident, suicide, or homicide?
17. INFORMANT Mrs. Mina Pateran Sistre	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place CANCELLE Dete Jel 14, 19.33	Manner of injury
19. UNDERTAKER Benj. Fellows (Address) Strott Pond md	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Firt, 14, 1933 ITTamin & Bright.	(Signed) M. D. (Address) M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 7 7			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago RUREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY, WITH

Length of residence in city or townsahoneserizable greed. Yrs. mos. 2. FULL NAME (a) Residence: No. (b) St. Ward. (c) Residence: No. (d) Resi	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. D. Settur Australia (II death occurred in a horpital or institution, give its NAME interest and number) Length of residence in city or townshahmer authority. 2. FULL NAME. It workshahmer authority. (a) Residence: No. (Charliphee of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKED, WIOOVED. (Sold Death of the Color of t	1. PLACE OF DEATH	<u> </u>
Langth of residence in city or townshippers grant of the control o	County June Unice -	Registration Dist. No. 252
(a) Residence: No. (b) Residence: No. (c) Residence: No. (c) (c) Residence: No. (c) Residence: No. (c) Residence: No. (c) (c) Residence: No. (c) Residence: No.	ll) ceased had	f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MEDICAL CREATION MEDICAL CERTIFICATE MEDICAL CERTIFICATE	2. FULL NAME January. Flample	Ct Ward
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED OR DIVORCED (which world) 1933 1935 19		
Sa. If merried, widowed, or divorced it as not invaried in the world it as not invaried in the world it as not invaried it is not invaried it is as not invaried it is as not invaried it is not invaried and it is not inva	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Continue	Male White cate of Marrie the word)	Freby 4 1933
T. AGE Years Monthso did loays Jeiridianse O S. Trede, profession, or porticular SAWYER, BOOKKEPER, etc. 1D. 10. should facular SAWYER, BOOKKEPER, etc. 1D. 10. should	HHERAND of	
8. Trede, profession, or perticular kind of work done, as SPINNESSEN. 9. Industry or business in which be belief at the sociopation of decessed as the state of this occupation (month end year). 10. Date decessed last worked et this occupation (month end year) occupation. 12. BIRTHPLACE (city or town). (Steta or country). 14. BIRTHPLACE (city or town). (State or country). 15. MAIOEN NAME. 16. BIRTHPLACE (city or town). (Stete or country). 17. INFORMANT. (Address). 18. BURIAL, CREMATION OR REMOVAL Place. 19. UNDERTAKER. (Address). 19. UNDERTAKER.	7. AGE Years Monthson and ToDays If LESS than 1 deyhrs.	to heve occurred on the dete stated above, at. 1-19 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
10. Date deceased last worked et this occupation (month end yeer) 12. BIRTIPLACE (city or town) (Stete or country) 13. NAME 14. BIRTIPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTIPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address)	8 Trade profession or particular	Chronic Julivistilians
12. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address)	10. Date deceased last worked et this occupation (month end spant in this	nofilmities
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14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) (City or town) (Country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (City or town) (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (City or town) (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	13. NAME Charles G. Tracuptor	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Maioen of Injury Neture of injury 24. Was disease or injury in eny way related to occupation of deceesed? If so, specify 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) (Circum)	14. BIRTHPLACE (city or town)	Neme of operation Oeta of
Accident, suicide, or homicide? Dete of Injury		Whet test confirmed diagnosis? Wes there an autopsy?
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19. UNDERTAKER Suctor 1946 24. Was disease or injury in eny way related to occupation of decessed? If so, specify (M.) (Signal)	(Address) Querouses ma	
(Address) Centresone: My, If so, specify (W.) Long Fusher	B. +- 12.	Neture of injury
20 MINING (VI V) 10.35 1 1 1 1 1 AND AD A A A A A A A A A A A A A A A A		If so, specify W. Han Fisher

ent of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of suits can be known. Make some entry in this section for every person aged 10 years or over. If the deretired from business, report the occupation prior to retirement. Children not gainfully employed may be at school or at home. For a woman whose only occupation was that of home housework, write housewife o Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, signate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person occupation whatever write none,

complete, an occupation return must state:

-The trade, profession, or particular kind of work done. -The industry or business in which the work was done.

-The month and year the deceased last worked at the occupation. -The number of years the deceased followed the occupation.

ng the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. ticular kind of work done and return that, as spinner, weaver, etc.

ng the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State ar kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

uish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, megineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement pation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

alled a salesman and not a clerk.

ent of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the ng, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. causes, name earlier morbid conditions, if any, related to the principal cause and any important complication pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exar	nple I		Example II	
al cause of death ce were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
is	190		Attack of cpilepsy	1 week ago
stitial nephritis	MAR S 15	1921	Run over by street car	1 week ago
rrhage	BULLLU	July 5, 1927	Peritonitis	3 days ago
butory causes of	importance			
billory causes of	importance:	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01945
1. PLACE OF DEATH	(95-6)
County Melle accord	Registration Dist. No. 254
Village or City queunder	NoSt,Ward
Length of residence (in city or town where death occurred 20 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Man Raying.	Staumand.
(a) Residence: No. Lucinstown M	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5d If married, widowed, or divorced HUSBANO of (or) WIFE of John Manual	22. I HEREBY CERTIFY, Thet I ettended daceased from
6. DATE OF BIRTH (month, day, and year) Due 11 1854	, 19, to, 19
7. AGE Years Months Oays If LESS than	to hava occurrad on the data stated above, etm.
18 2 5 1 dey,hrs.	The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
9 Industry or husiness in which	veile bilolation of real
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
SAW MILL, BANK, atc	
	Other Cantributory Causes of importance:
t2. BIRTHPLACE (city or town)	
E 13. NAME Jahr Beaham.	
13. NAME To Lee 1 School .	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME TOURS THAT IS A SERVICE OF TOWN)	23. If death wes due fo external causes (VIOL ENCE) filf In elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did injury occur?(Specify city or town, county and State)
(Address)) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oculturelle Oate Febres, 1933	Manner of Injury
19. UNDERTAKER Bacton Brand	24. Was disease or Mury in any wey releted to occupation of decaased?
(Address) Centrance md	If so, specify
20. FILED taly 11, 1933 Helen M. allding	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PDAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	GAC
1. PLACE OF DEATH		ひかり
County Chreen Chree J	Registration Dist. No.	3
Village or City Cluber	NDSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
2 Full war Conand At. Co	Ulo	3
(a) Residence: No.	CA Wood	
(d) nesidence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jeb. (Day)	, 193 3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of (allie A. Jouls)		begeased from
6. DATE OF BIRTH (month, day, and year) 24 14/2'- 1861	Usst saw has alive on Telly - 7 1933	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$30 m.	S douth 13 Said
72 0 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	-
8. Trada, profession, or particular kind of work done as SPINNER	2010	Date of onset
kind of work done, as SPINNER, Auruuu SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and)	Juliuza	1300
work was dona, as SILK MILL, SAW MILL, BANK, etc.	freel a love	-11-A
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) 5 7		"aug
12. BIRTHPLACE (city or town) Old ster	Other Contributary Causes of importance:	1000
(State or country)	The apparent	1424
13. NAME Dannel . Jones		
13. NAME Danne Dovelpester Co.	Name of oparation Date of	
(State of Country)	What test confirmed diagnosis? Was there an ac	utopsy?
15. MAIDEN NAME Susau G. Hompson 16. BIRTHPLACE (city or town) Dor Chester Co,	23. If death was due to axternal causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Dov Chester Co, (Stata or country)	Accident, suicida, or homicide? Date of injury	, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State	2)
17. INFORMANT CLAA LOUIS (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Stovensville Date to 12, 1933.	Nature of Injury	
19. UNDERTAKER Trank & Thomas (Address) Secremon of med	24. Was disease or Injury In any way related to occupation of deceased?	,
20. FILED Feb 9th, 1933 9. C. Thory as Registrar.	(Signed) (Address)	4.6. M. D.
If more blanks are needed, address State Revistrar	2411 N. Charles Street Baltimore Requesting (1) S No. 7	

Street, Dailmore, Requesting U. S. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	OL STAN
MARGIN RESERVED	TATEL
K	5
ZIS	TIMEADING
AR	TIMIL
	TEPTE
	V TIVE

V. S. No. 1

County Queer and . Village or City Sudlessville . No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred	SIAIL OF	MARYLAND-	CERTIFICATE O	F DEATH U19	40
Village or City Suddleworlde. (If death occurred in a horpital or institution, give its NAME instead of attest and number) Langth of residence in city or town where death occurred yrs. (a) Residence: (b) Anti-box Mark Mark Mark Mark Mark Mark Mark Mark	5000		82-0	Posistation Dist No. 7 50	
2. FULL NAME (a) Residence: No. (Uvairshee of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX (Color or RACE DEPRICAL CERTIFICATE OF DEATH J. SEX (Color or RACE DEPRICAL CERTIFICATE OF DEATH J. SEX (Month) (Month) (Gy) (Gy)	Village or City Sudlessvil	(1)	death occurred in a horpital or institution	St., give its NAME instead of street and numb	War
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED D. DIVORCED (errice the word) S. II married, widowed, or divorced (cry will converted or) III married, widowed, or divorced (cry will converted or) R. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular S. Trade, professi	2. FULL NAME Kathari	na Kruss			
S. SEX 4. COLOR OR RACE NRACE S. SINGLE, MARRIED, WIDOWED, Christiple word) S. If married, widowed, or divorced insoftence of the provided	PERSONAL AND STATISTICS		MEDICAL CER		ė
5. If married, widowed, or divorced (Gr) Wife of Condress Trues. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day. If Jay. In have occurred on the date stated above, et. 7:	3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	heb. 21, 193	(Yeer)
Trade, protession, or particular find of work done, as SPINNER find find find find find find find find	ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Cincles 7	Yruss.	22. I HEREBY	CERTIFY, That I ettanded daces	
SATINGE profession, or particular and of work done as SPINNER SAYVER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWIEL, BANK, etc. 10. Date deceased last worked at spent in this occupation (month and year) Spent in this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, PERMOYAL (Address) Sulling REMOYAL (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury in any wey related to occupation of deceased? M. M. (Address) M. (Address) M. (Address)		Days If LESS than I day,hrs.	to have occurred on the data stated at The PRINCIPAL CAUSE OF DEATH a	bove, et. 7.30. Pm.	ath Is sai
Other Contributory Causes of importanca: Other Contributory Other Contri	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Domestic .	apple	0ai	te of onse
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. SHAME ARGINTAR ARGINTAR (Address)	- I this occupation (month and	11. Total time (yaars) spent in this occupetion			
What test confirmed diagnosis? Was thera an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place (Address) 19. UNDERTAKER (Address)	(Stata or country)	newy.			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) M. (Address) M. (Address) M. (Address) M. (Address) M. (Address)	13. NAME 14. BIRTHPLACE (city or town) (State or country)	many.			
Where did injury occur? (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Suddensible True (Address) Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of Injury Neture of injury (Address) Public True (Address) Method injury in any wey related to occupation of deceased? If so, spacify (Signad) M. (Address)	15. MAIDEN NAME marie. 2	Carehart.			Sy (
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address)	16. BIRTHPLACE (city or town) (State or country)	many	Accident, suicide, or homicide? Where did injury occur?	Date of injury	, 19
19. UNDERTAKER John G. John Y Son . (Address) Mullington M 20. FILED File 24, 1983 Lange C. Frank (Signad) (Signad) M. (Address) M. (Address) M. (Address) M. (Address) M. (Address) M. (Address) M.	(Address) Sudlewar	cery Re	Specify whethar Injury occurred in IN	(Specify city or town, county and State) DUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Mullington Md. 11 so, spacify (Signad) General M. (Address) M. (Address) M. (Address) M.	neigneen am an hile	Data Freb. 24, 1933			
(Dobt Freal Registrar. (Address) (Address)		in toon.		elated to occupation of deceased?/2	0
	(/50		(Address)	colland	M. I

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	104	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH 01948
()	,	(3)
County Sulen Chun	le in n	Registration Dist. No. 2/3
Village or City Sleves	will	No. St., Ward
Length of residence in city or town where dea		death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Teurs	2
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH PLATE (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 96. 7. AGE Years Months	b. 7 etc /933 Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Remature Birth
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	usville	Other Caatributary Causes of importance;
13. NAME Lerge Do 14. BIRTHPLACE (city or town) Dall (State or country)	provi	Name of acception
(State or country)	-ina	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah H	annah Lewis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarafulf 16. BIRTHPLACE (city or town) Step (Slate or country)	Ensville	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Harries Staresbury (Address) Sevensville Mil!		Where did Injury occur? (Specily city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Place LA Stevensuifle	Date 9 Els 8 1, 1933.	Manner of injury
19. UNDERTAKER 2. Tayler (Address)	noville, Mis	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 26 7" 1833 9. C	Thomas	(Signed) C. Thomas Jocal Hegenthan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	-CERTIFICATE OF DEATH 01949
1. PLACE OF DEATH	
County Lucy Cline	Registration Dist. No. 250
Village or City Suslemence	No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James Merrich.	Trel.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mute Sarries	
5a. If married, widowed, or divorced HUSBAND of Cor. WIFE of aunice Grange Merrick	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 11- 1855	1 last saw h a gallered de atte 19 death is sal
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	, vediti is sai
76 6 25 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
. 8 Trade profession or particular	were as follows: Date of once
kind of work done, as SPINNER, Laure Course	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (months and last in this companion (months and last in this companion (months and last in this	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME 6. John murek	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabet Desaley	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Frank Brawn (Address) Price - Mrs.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 192	Nature of injury
19. UNDERTAKER Parton Paras (Address) Currecover Ind.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Tel 7, 1983 Janes G. Theol.	(Signed) A Ustcalle M. (Address) Sugarbella, mal.
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 ucar

MARGIN RESERVED FOR BINDING THE UNFADING INK—THIS IS A PERMANENT REC

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01950			
1. PLACE OF DEATH	<u>B</u>			
County Rulen Olives	Registration Dist. No. 2 3			
Village or City Custer	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
	death occurred in a norpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.			
2. FULL NAME Micks	20n			
(a) Residence: No(Usus) place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVQRCED (write the word)	21. DATE OF DEATH Feb 18			
5a. If married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from			
21/ 0/10=0	, 19, 19, 19			
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Devs If LESS then	I last saw h alive on, 19; death is said			
7. AGE Yeers Months Deys If LESS then 1 day 1 hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causas of importence were es follows:			
9 Trade profession or service to	Date of onset			
	Jemalure Dirth			
S. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at 11. Total time (years)				
this occupation (month and spent in this occupation				
12. BIRTHPLACE (cily or town) Clester (State or country)	Other Centributery Causes of importance:			
H				
14. BIRTHPLACE (city or town)	Name of operation			
	What test confirmed diagnosis?			
H Classification	23. If deeth was due to external causes (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town) (Stete or couptry)	Accident, suicide, or homicide?			
Harriet Stansbury	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
17. INFORMANT AND STATES OF THE STATES OF TH	Specify whence injuly occurred in INDOSTRI, in HOME, OF IN POBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury			
Place Dete 19, 1900	Nature of injury			
19. UNDERTAKER F. C. Thomas (Address)	24. Wes disease or injury in any wey related to occupation of deceesed?			
20. FILED JEb. 18, 1933 J. C. Dhomas	(Signed) C. Thomas Local Registra,			
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING

OCCUPA-1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Every How long in U.S. if of foreign birth?_____yrs.____mos. statement PHYSICIAN 2. FULL NAME PERMANENT RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE MARRIED, WIDOWED. DIVORCED (write the word) assified. (Day) (Year) CI Sa. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (OF) WIFE OF Ξ 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, et 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trede, profession, or particular NOI kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. OCCUPAT may 9. Industry or business in which work was done, as SILK MIKL SAW MILL, BANK, etc ... 10. Date deceased last worked at this occupation (month and 11. Total time (years) that instructions occupation _ 12. BIRTHPLACE (city or town) (State or country) 13. NAMEL Que FATHER 14. BIRTHPLACE (city or town Name of operation in plain (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME. 23. if death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_ (State or country) Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury 24. Was disease or injury 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis MAD R 1000 1915 Attack of evilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis TRITTED TO A TT ST Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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4			-

	F MARYLAND-	CERTIFICATE OF DEA	TH 01952
1. PLACE OF DEATH			Dist Nn 253
	sles	No. f death occurred in a horpital or institution, give its NAME	St Ward
Length of residence in cily or town where d	eath occurred yrs mos	sds. How long in U.S. if of foreign birth?	
	/ ous	eel_	
(a) Residence: Np.	(Usual place of abode)	St., Ward. If nonresident s	rive city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	2 / , 193 <u>3</u> (Dey) (Year)
5e. W married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY	(100)
	L. 1. 1 1925	, 19, to	
6. DATE OF BIRTH (month, day, and year)	TUK 7 1 1/33	iast sew h alive on	
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end related cause were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER ROOKKEEPER etc.			Darg at anot
9. industry or business in which		Still Corn	
Date deceased lest worked at this occupetion (month and year)	11. Total time (years)		
		Other Contributary Causes of importance:	~~~~~
H 13. NAME CLEW	MITTER 8.		
14. BIRTHPLACE (city or town) (State or country)	ort Carolina	Name of operation	Date of
15. MAIDEN NAME Wany	to rein	What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill	
16. BIRTHPLACE (city or town)	Med	Accident, suicide, or homicide? D Where did injury occur?	
17. INFDRMANT CLLY (Address)	owall		
18. BURIAL, CREMATION OR REMOVAL Place Les Les	Date 22, 22, 1938	Manner of injury	
19. UNDERTAKER LLEY O a (Address)	walf	24. Was disease or injury in any way related to occupe	
20. FILED 921-21, 1933 7.	Chowas	(Signed)	Duyde M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	40	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

	County		MA	A 1. 0	-10	Registration Dist. No. 2 J	3
	Village or C		Y	Qui		NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,	
			wn whara d	eath occurred	1 10	sds. How long in U.S. if of foralgn birth?yrsm	10sds
2	- FULL NAI					owall	
	(a) Residen	ce: No		(Usual place	re of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND ST	ATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	em	4. COLOR OR I	RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 2 / (Month) (Day)	, 193 (Yaar)
5a.\	If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced			0	22. I HEREBY CERTIFY, That I attanded	daceased from
-	(01) 11112 01		d		(00-	, 19, to	
	ATE OF BIRTH (1		Um 2	1 1993	l last sew_h, 19, 19	; death is sai
7. A			fonths	^L Days	If LÉSS than 1 day,hrs ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:	Date of oneat
8	8. Trede, profes	sion, or particular ork dona, as SPII BOOKKEEPER, etc	NNER,			Co	-
OCCUPATION	9. Industry or 1	usiness in which				Ntell born	-
		done, as SILK MI L, BANK, etc d last worked at			time (users)		
ŏ	this occup	ation (month and		sp	time (yaars) ent In this cupation		-
12.	BIRTHPLACE (cit					Othar Contributory Causes of importanca:	
HER	13. NAME	alex	10	aura	el		
FATH	14. BIRTHPLACE	(city or town)		W. (0	Name of operation Date of Date of	-
	(State or	. 0 . 1		/-	. 1	What tast confirmed diagnosis? Was there an	
OTHER	15. MAIDEN NAM	ME - MC	an	FUCE	rue	23. If death was due to external ceuses (VIOL ENCE) fill in also the following	
2	16. BIRTHPLACE (State or		/	Med.		Accident, suicida, or homicida? Date of Injury	, 19
17. INFORMANT alex Powell (Address) A Chester			eve	Q.Q.	Where did injury occur? (Specify city or town, county and Sta Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE.	
18.	Placa	ON, OR REMOVA	4	Date JE	6-22,1939	Manner of injury	
19.	UNDERTAKER (Addrass)	elex	lie	wel	f and	24. Was disease or Injury in any wey related to occupetion of deceesed?	
						The state of the s	

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Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING FOR RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or Jown where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.8EX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the mord) PERMANENT (Day) (Year) classified. 5a. If merried, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 9 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Devs If LESS then to have occurred on the date stated ebove, at, Yday....hrs The PRINCIPAL CAUSE OF DEATH and related ceuses of importance SI or____min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... may should O. Date deceesed lest worked et no 11. Total time (yeers) this occupation (month end spent In this that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city of town) (Stete or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city of plain (State or country) carefully What test confirmed diegnosis?. MOTHER rimportant. 15. MAIOEN NAME in 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide (State or country) Where did injury occur should be (Specify city or town, county and State) Specify adlether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE OF 18. BURIAL. Manner of Injury CAUSE mation LION Nature of Injury 24. Was disease or injury in eny way releted to occupation of deceesed? 19. UNDERTAKER (Address) Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examp	ole I	Example II		
The principal cause of death as of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 6 49	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PHENITE	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	IONAL SPACE FOI	FURTHER	STATEMENTS	BY PHYSICIA
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PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WITH

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH	01955.
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1. PLACE OF DEATH	123
County dury Course.	Registration Dist. No. 255
Village or City Corumntone	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chuna Tertrude Ja	artice tou
(a) Residence: No. Ormufilon	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 26 1933
Marrier	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. Magneyal 10	22. 1 HEREBY CERTIFY That I altended deceased from
(d) wire of Joseph Clarbullon	July 26 pp, 1933 to Feb. 26 1933
6. DATE OF BIRTH (month, day, and year) Jun - 12, 1873	I last saw her alive on teh 26, 19133; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2. Lum.
60 / 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Took poison (Paris grass).
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Suicide by taking poison civer.
9. Industry or business in which work was done, as SILK MILL,	F F (
A hade processing, or partners,	Maspondent. Rad Som sick about five 70000.
O 10. Date deceased lest worked at this occupation (month and year) year) occupation	
Luce Come B	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	8 1 2 1 0 1 1
	Ingrest not regume
13. NAME (Award (, Vergenshareght 14. BIRTHPLACE (city or town) Loudson to 19	
14. BIRTHPLACE (city or town) Successor (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E California	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Where did injury occur? Home. Duren anne's County
Mr Malling Tabulton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) (Examples)	Emisorman acting Coronor,
18. BURIAL, CREMATION, OR REMOVAL march 1st.	Manner of Injury
Place Crump tou, Mg. Oate Feb 24, 1973	Nature of injury
toles (1) Tabuston	24. Wes disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
(Hall 1) 2304 M CT-1	(Signed) Afolded Corows Husen, D.
20. FILED TILL L. 19 J Pr Di Scarce Registrar.	(Address) Complan Zuge forther

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of defth and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1, PLACE OF DEATH	<u> </u>
County Will Will 3	Registration Dist. No. 23T
Village or City Grosowille	NoSt., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME BODY boy Thou	100 (still form)
(a) Residence: No.	St., Ward.
(Usual place of abode)	St., Waru. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write tha word)	21. DATE OF DEATH Febr. 22 1933 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fab. 22-193.	3 I last saw h aliva on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
0 0 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc.	Stellborn
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	mulilial cond wound
11. Total time (years) this occupation (month and year) year) 12. Date deceased last worked at this occupation (month and year)	twee tighty assund
12. BIRTHPLACE (city or town) Charles (State or country)	Other Contributory Causes of Importance:
13. NAME Fixtey hours 14. BIRTHPLACE (city or town). A Parist gly	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME aris Smith 16. BIRTHPLACE (city or town)	23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MOSEU-6 (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Francisco Date Fub - 22, 19.3	Manner of Injury
19. UNOERTAKER None	24. Was disease or injury in any way ralated to occupation of deceasad?
20. FILEO Feb. 22, 1933 - Nelen M. aldrid	(Signad) Theodox Sattslusus M.D.
Registra ((Address) Yuvens mye

CECIPI

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows:-Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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mation

TION

state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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